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<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION</div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted After Initial Filing</div></div>		<div style="display: flex; justify-content: space-between;"><div>Attorney Docket Number</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>First Named Inventor</div><div></div></div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">COMPLETE IF KNOWN</div> <div style="display: flex; justify-content: space-between;"><div>Application Number</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Filing Date</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Group Art Unit</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Examiner Name</div><div></div></div>			
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p><input checked="" type="checkbox"/> I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Sterilisable Composite Film</div> <small>(Title of the invention)</small>					
<p>the specification of which</p> <div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> is attached hereto</div><div style="margin-right: 10px;">OR</div><div style="margin-right: 10px;"><input type="checkbox"/> was filed on (MM/DD/YYYY) </div><div style="margin-right: 10px;">as PCT International Application</div></div> <p>Number and was amended on (MM/DD/YYYY) (if applicable).</p> <p><input checked="" type="checkbox"/> I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p><input checked="" type="checkbox"/> I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § .56.</p>					
<p>I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p>					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? YES NO	
1114/99	Switzerland	06.15.1999	<div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;"><input type="checkbox"/></div><div>Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</div></div>					
<p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:</p>					
Application Number(s)	Filing Date (MM/DD/YYYY)	<div style="display: flex; align-items: center; justify-content: center;"><div style="margin-right: 10px;"><input type="checkbox"/></div><div>Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div></div>			

DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **Fisher, Christen & Sabol**Payor Number
(if applicable)

Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to:

Name

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State D.C.

Zip 20006

Country USA

Telephone (202)659-2000

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name

Wilfried

Middle Initial

Family Name

Jud

Suffix

Inventor's Signature

Date

02/04/00

Residence: City

Singen

State

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Germany

Citizenship

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State

Zip

78224

Country

Ger-
many

Applicant Authority

☒

Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Hans-Rudolf	Middle Initial		Family Name	Nägeli	Suffix	
Inventor's Signature <i>Hans R. Nägeli</i>						Date	02/04/00
Residence: City	Neuhausen	State		Country	Switzerland	Citizenship	Swiss
Post Office Address: Hohfluhstr. 10, CH-8212 Neuhausen, Switzerland							
City	Neuhausen	State		Zip	8212	Country	Switzerl.
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Applicant Authority							